

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
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19	✓					
20	✓	✓				
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TOTAL IND.	✓		✓		✓	
TOTAL DEP.	✓	✓	✓	✓	✓	✓
TOTAL CLAIMS	✓	✓	✓	✓	✓	✓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		✓		✓		✓
TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS		✓		✓		✓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS